



Moving Toward Transformation with the **Mental Health Block Grant**

*Promoting Recovery and Resiliency for
Washington's Mental Health Consumers*

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MHBG Statutory Authority



- Awarded to States through the Substance Abuse and Mental Health Services Administration (SAMHSA)
- Used to plan for, establish, or expand an organized community-based mental health system
- Expected to support services that promote Recovery and Resiliency for adults with serious mental illness (SMI) and children with serious emotional disturbances (SED)

Federal Expectations For State MHBG Plans

- Increase access to employment, housing, case management, rehabilitation, dental and health services;
- Solicit participation of consumers/survivors and their families in planning and evaluation of state systems;
- Increase access for underserved populations including homeless people and rural populations;
- Promote Recovery and Resiliency;
- Support meaningful community integration; and
- Provide accountability through uniform data reporting on access, quality and outcomes of services using National Outcome Measures (NOMs).

National Outcome Measures (NOMs)

NOMs = Goals and Performance Indicators contained in the MHBG

- Increase Access to Services
- Decrease Re-Hospitalization (at 30 days & 180 days)
- Increase Evidence Based Practices (number served/ number of EBPs provided)
- Improve Consumer Perception of Care
- Increase Employment or Return to School
- Decrease Criminal Justice Involvement
- Increase Social Supports
- Increase Family Stabilization & Living Conditions
- Improve Level of Functioning

What Are The Spending Limitations?

- MHBG funding may *not* be used for the following:
 - Medicaid covered services to Medicaid enrollees;
 - The Contractor's administrative cost associated with salaries and benefits at the Contractor level;
 - Inpatient mental health services;
 - Construction/renovation costs;
 - Equipment costs of \$5,000 or more;
 - Capitol assets or accumulating operating reserve accounts;
 - Cash payments to consumers; or
 - State match for other federal funds.

The Role of The Mental Health Planning and Advisory Council (MHPAC)

- Operates under Public Law 102-321 which requires MHPAC to:
 - Review MHBG plan and submit to the State recommendations for modification;
 - Serve as an advocate for adults with SMI, children with SED, and other individuals with mental illnesses or emotional problems;
 - Monitor, review, and evaluate, not less than once each year, the allocation and adequacy of mental health services within the State;
 - Maintain membership of >51% consumers/advocates/family
- 30 member council- 7 standing subcommittees - 66% consumers/advocates/ family

How Is The State's MHBG Plan Developed?

- Input from multiple stakeholders is collected.
- Review and feedback is solicited from Mental Health Planning and Advisory Council.
- Review, feedback, and approval of Plan is given by MHD Director.
- Review, feedback, and approval is required from DSHS Secretary and Governor.
- Submission to SAMHSA by Sept. 1st each year is required.
- Modifications to the Plan go through a similar process.

How Do The RSN Plans Evolve?

- Plans must link to the Criterion and Goals of previous years' State MHBG Plan and are based on previous years' funding.
- Plans must include a letter or meeting minutes demonstrating the RSN Advisory Board provided review and input.
- A Review Team (including MHPAC members & MHD staff) provides RSNs feedback.
- Contracts are developed and monitored based upon the approved RSN Plan.

How Are The Funds Dispersed?

The estimated MHBG FFY 2007 is approximately \$8.3 million

- 5% is allocated to MHD for costs incurred by the State to administer the grant
- Of the *remaining* 95%:
 - 80% is allocated to RSN's using a population-based distribution formula;
 - 20% is allocated to fund MHD initiatives and to support MHPAC



Changes to MHBG Process and Spending

■ 2006

- Clearer contracts
- Electronic submission of Plans
- Structured process for determining expenditures through Guiding Principles and Funding Categories

■ 2007

- Revision of RSN funding distribution formula
- RSNs required to utilize funds in support of Recovery and Resiliency
- Panel Review of RSN plans including MHPAC members
- SAMHSA Web-based application process
- MHD MHBG Web-page

Guiding Principles to Determine Expenditure

Activities funded with MHBG must:

- Meet Federal requirements and State Goals (NOMs);
- Work in tandem with the Division's Strategic Plan;
- Hold meaningful and measurable outcomes in line with articulated consumer/family voice;
- Link well to other resources and Transformation activities;
- Meet needs in the system that are not fulfilled elsewhere;
- Align well with other Division initiatives or legislatively mandated expectations; and
- Support MHD identified Funding Categories.

Funding Categories

- **Consumer, advocate, and family voice** driven and promoted activities
- **Vocational** initiatives that lead to meaningful employment
- **Residential** resources that promote safe and affordable housing
- **Tribal** supports that improve infrastructure and services to tribal communities
- **MHPAC** resources that ensure consumer participation continues to increase and that state-wide diversity is represented
- **Data Development** to validate success or areas for improvement

Examples of MHD Expenditures - MHBG 2006

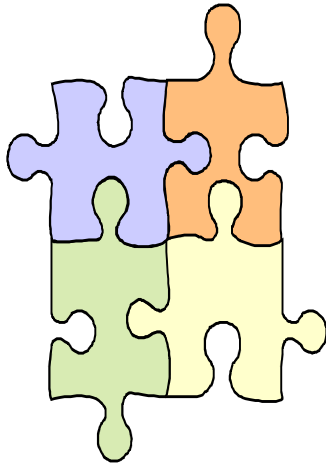
- WRAP Training
- CIT Training
- Behavioral Health Conference/150 Consumer Scholarships
- Safety Summits
- EBP Research and Training
- Peer Counselor, DMHP, OMBUDs & Club House training
- EMAC, Say it Out Loud, Foster Care, COD, Homeless Conference
- NAMI Resource Guides at WSH/ESH for families at admission
- Training to Community Hospitals and ER staff on DD/MI issues
- Tribal mini-grants
- CM training on Older Adults with COD

Examples of RSN Expenditures – MHBG 2007

- Peer Counselor Training
- CIT training
- Housing Development
- ICCD Club House Development
- Recovery and Resiliency Training
- Stigma Reduction Consumer & Family Education
- Geriatric Outreach
- WRAP training
- Supported Education
- EBP training
- COD training

How Does The MHBG Fit With The Transformation Grant?

**Both are built upon the
New Freedom Commission's goals:**



- 1. Americans understand that mental health is essential to overall health;**
- 2. Mental health care is consumer and family- driven;**
- 3. Disparities in mental health services are eliminated;**
- 4. Early mental health screening, assessment and referral are common practice;**
- 5. Excellent mental health care is delivered and research is accelerated; and,**
- 6. Technology is used to access mental health care and information.[\[1\]](#)**

[\[1\]](#). The President's New Freedom Commission on Mental Health, 5-6.

**SAMSHA/CMHS expect both grants to be
closely aligned to facilitate Recovery and Resiliency.**

Transforming Use of MHBG Funding

■ MHBG Last Year:

- Expectation that Goals be measurable and easily monitored
- Completion of comprehensive Program and Fiscal monitoring
- Provision of MHD technical assistance to RSNs to improve their tracking, billing and monitoring systems for MHBG funds

■ MHBG Today Forward:

- Focused expenditure, on every level, in promotion of Recovery and Resiliency

Other MHD Activities for Transformation in 2007

System Transformation Initiatives

- **Utilization Review**: Develop standardized platform for UR of individuals served in state and community inpatient settings.
- **Housing Plan**: Develop a statewide mental health housing plan which is supportive of Recovery and prioritizes independent housing for consumers.
- **Benefits Package**: Review the public mental health benefits package to ensure services are recovery oriented and maximize effectiveness and efficiency of resources.
- **ITA Study**: Conduct a study of Washington State Involuntary Treatment Act statutes and develop options for legislative and administrative improvements.
- **PACT Teams**: Facilitate implementation of 8 Program of Assertive Community Treatment Teams throughout the State, increasing psychological, vocational, and residential stability of persons with intensive psychiatric disabilities while decreasing their involvement with state and community hospitals, emergency rooms, crisis response services, and correctional institutions.

What To Expect Next Year

- Continued requirement that services and activities funded with MHBG support Recovery, Resiliency, and Transformation
- Focus from MHD in using MHBG funds for:
 - Vocational Initiatives
 - Housing Development
 - Tribes
 - Client Centered/Driven Services
- Continued efforts, system-wide, to Transform the public mental health system

<http://www1.dshs.wa.gov/Mentalhealth>